1. SOLICITATION NO. INFORMATION TO OFFERORS OR QUOTERS **SECTION A - COVER SHEET**

DAAA09-00-R-5047

2. (X one) A. SEALED BID B. NEGOTIATED (RFP) C. NEGOTIATED (RFQ)

INSTRUCTIONS

NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.

YOU ARE CAUTIONED TO NOTE THE "CERTIFICATION OF NON-SEGREGATED FACILITIES" IN THE SOLICITATION. FAILURE TO AGREE TO THE CERTIFICATION WILL RENDER YOUR REPLY NONRESPONSIVE TO THE TERMS OF SOLICITATIONS INVOLVING AWARDS OF CONTRACTS EXCEEDING \$25,000 WHICH ARE NOT EXEMPT FROM THE PROVISIONS OF THE EQUAL OPPORTUNITY CLAUSE.

"FILL-INS" ARE PROVIDED ON THE FACE AND REVERSE OF STANDARD FORM 18 AND PARTS I AND IV OF STANDARD FORM 33, OR OTHER SOLICITATION DOCUMENTS AND SECTIONS OF TABLE OF CONTENTS IN THIS SOLICITATION AND SHOULD BE EXAMINED FOR APPLICABILITY.

SEE THE PROVISION OF THIS SOLICITATION ENTITLED EITHER "LATE BIDS, MODIFICATIONS OF BIDS OR WITHDRAWAL OF BIDS" OR "LATE PROPOSALS, MODIFICATIONS OF PROPOSALS AND WITHDRAWALS OF PROPOSALS."

WHEN SUBMITTING YOUR REPLY, THE ENVELOPE USED MUST BE PLAINLY MARKED WITH THE SOLICITATION NUMBER, AS SHOWN ABOVE AND THE DATE AND LOCAL TIME SET FORTH FOR BID OPENING OR RECEIPT OF PROPOSALS IN THE SOLICITATION DOCUMENT.

IF NO RESPONSE IS TO BE SUBMITTED, DETACH THIS SHEET FROM THE SOLICITATION, COMPLETE THE INFORMATION REQUESTED ON REVERSE, FOLD, AFFIX POSTAGE, AND MAIL. NO ENVELOPE IS NECESSARY.

REPLIES MUST SET FORTH FULL, ACCURATE, AND COMPLETE INFORMATION AS REQUIRED BY THIS SOLICITATION (INCLUDING ATTACHMENTS). THE PENALTY FOR MAKING FALSE STATEMENTS IS PRESCRIBED IN 18 U.S.C. 1001.

ISSUING OFFICE (Complete mailing address, including zip code)

HQ, OPERATIONS SUPPORT COMMAND

ATTN: AMSOS-CCE-D

BLDG 350 5TH FL MIDDLE BAY

ROCK ISLAND IL 61299-6000

4. ITEMS TO BE PURCHASED (Brief description)

A-76 Information Management Services for Rock Island Arsenal.

5. PROCUREMENT INFORMATION (X and complete as applicable)

A. THIS PROCUREMENT IS UNRESTRICTED

| B. THIS PROCUREMENT IS A | _% SET-ASIDE FOR ONE OF THE FOLLOWING (X one). (See Section I of the Table of Contents for detail | | |
|--------------------------|---|---|--|
| (1) SMALL BUSINESS | (2) LABOR SURPLUS AREA CONCERNS | (3) COMBINED SMALL BUSINESS/LABOR AREA CONCERNS | |

6. ADDITIONAL INFORMATION

7. POINT OF CONTACT FOR INFORMATION

A. NAME (Last, First, Middle Initial)

Janet Jackson

309-782-4805

C. TELEPHONE NUMBER (Including Area Code and Extension)

(NO COLLECT CALLS)

B. ADDRESS (Include Zip Code)

HQ. OPERATIONS SUPPORT COMMAND

ATTN: AMSOS-CCE-D

BLDG 350 5TH FL MIDDLE BAY

ROCK ISLAND IL 61299-6000

| 8. REASONS FOR NO RES | | | | | | | |
|-------------------------------------|-------------------------|---------------|--------------------|------------------------------|-------------------------|-----------------------------|--|
| | | | | OT MEET DELIVERY REQUIREMENT | | | |
| C. UNABLE TO IDE | NTIFY THE ITEM(S) | | D. DO NOT REGUI | ARLY MANUFACTURE (| OR SELL THE TYPE OF ITE | MS INVOLVED | |
| E. OTHER (Specify) | | | | | | | |
| 9. MAILING LIST INFORM | | | | | | | |
| YES NO | WE DESIRE TO BE RETA | INED ON THE N | MAILING LIST FOR F | UTURE PROCUREMENT | OF THE TYPE OF ITEM(S) | INVOLVED | |
| 10. RESPONDING FIRM A. COMPANY NAME | | | | · | | | |
| A. COMPANY NAME | | | | B. ADDRESS (Include Zip | o Code) | | |
| C. ACTION OFFICER | | | | | | | |
| (I) TYPED OR PRINTED N | AME (Last, First, M.I.) | (2) TITLE | | (3) SIGNATURE | | (4) DATE SIGNED (YYMMDD) | |
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